

DEDICATED TO THE PURSUIT OF ORTHODONTIC EXCELLENCE



Joseph M. Vitagliano, D.M.D.

Pasquale A. Vitagliano, D.D.S.

Joseph Salierno, D.D.S.

Jared Funt D.D.S.

APPOINTMENT DATE: _____ PATIENT NAME: _____

Thank you for choosing our office for orthodontic care.

The following information is routinely provided to anyone considering orthodontic treatment. Orthodontic treatment is a team effort and involves cooperation between the patient, the orthodontist and his staff in order to hold problems and limitations to an absolute minimum. It is very important to us that we become good friends because the orthodontic experience lasts for years, not months.

Excellent oral hygiene and plaque removal is a must for orthodontic patients. Sugars and between-meal snacks should be eliminated. To avoid decay, decalcification and gum disease, teeth must be brushed properly and thoroughly 2-3 times a day and a fluoride rinse used daily. **The continuation of regular professional hygiene visits to your dentist is recommended and necessary.**

While we will list a number of negatives, fortunately each patient is an individual, and these general statements ***do not apply in every case.*** A tooth that has been traumatized from a facial injury may eventually lose its vitality or turn dark. An undetected non-vital tooth may flare up during orthodontic treatment and require root canal treatment. In a small percentage of patients, the roots of the teeth become somewhat shortened during treatment (root resorption). Under healthy circumstances this causes no problem, but in the event of gum disease, root resorption could reduce longevity of affected teeth. Trauma, impaction and hormonal disorders can also cause resorption. In attempting to move impacted or partially erupted teeth, difficulties can be encountered which may lead to loss of the tooth or periodontal problems requiring further treatment. Possible problems of the temporo mandibular joint (jaw joints) may exist prior to or occur during treatment. Tooth alignment and bite correction will often improve TMJ pain but not in all cases, because stress and tension appear to play a role in the frequency and severity of joint and muscle problems.

Skeletal growth is a biological process beyond the orthodontist's control. When a child's growth pattern changes from the anticipated jaw relationship re-evaluation of the treatment plan may be necessary. Lack of facial growth, poor motivation and cooperation in wearing elastics, headgear or other appliances, poor hygiene, broken appliances, improper diet, or missed appointments could lengthen the original estimated treatment time and affect the quality of the results. ***Instructions given by us must be followed!*** Teeth will tend to revert to their original positions after orthodontic treatment. The more severe the original malocclusion, the greater the tendency toward regression. To counter this, it is vital to wear retainers. Shifting of teeth occurs with age even in people who have not had orthodontic treatment. These slight irregularities may have to be accepted as the best attainable results.

CONSENT: The undersigned hereby authorizes Drs. Vitagliano to take radiographs (x-ray), study models, photographs or other diagnostic aids deemed appropriate by him to make a thorough diagnosis of the patient's orthodontic needs and all forms of treatment, medication and therapy that may be indicated.

PAYMENT FOR SERVICES: I understand that responsibility for payment for dental services provided in this office for myself and/or my dependents is mine, due and payable to **Drs. Vitagliano** at the time services are rendered unless other financial arrangements have been made.

MEDICAL RECORDS: I authorize **Drs. Vitagliano** to obtain any medical information from my physician that is necessary for the orthodontic treatment.

SIGNATURE ON FILE: As responsible party and policyholder, I have filed my signature with **Drs. Vitagliano** for insurance form submittal purposes only.

I HAVE READ AND UNDERSTAND THE ABOVE MATERIAL AND CONSENT TO ORTHODONTIC TREATMENT.

Signature of Responsible Party
Responsible Party

Date